
HCBS DD Provider Rate Increase Attestation Process Question & Answer Session

February 9, 2022 - 11:00AM - 12:00PM



**HOME AND
COMMUNITY-
BASED
SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING



Wyoming
Department
of Health

American Rescue Plan Act (ARPA) - Section 9817

- Increases the Federal Medical Assistance Percentage (FMAP) for home and community-based services (HCBS) by 10% from April 1, 2021 through March 31, 2022.
- State must use the Federal funds to supplement, and not supplant, the level of State funds expended for HCBS programs in effect as of April 1, 2021.
- State must implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen HCBS under the State Medicaid program.

State Medicaid Director Letter (SMDL) #21-003

- Details further Federal requirements that State must meet in order to access enhanced funding.
- Appendix C of SMDL #21-003 - Identifies provider payment rates and benefit enhancements as an ARPA supported activity.
- *“CMS expects that the agency, organization, beneficiary, or other individuals that receive payment under such an increased rate will increase the compensation it pays its home health workers or direct support professionals.”*

HCBS DD Provider Rate Increase Attestation Bulletin

In accordance with CMS guidance and in response to widespread staffing shortages throughout Wyoming, the Division requires all providers that provide services that received a rate increase, including case management, to apply the entirety of increased funding received through the rate increases to the compensation of direct support professionals. Direct support professionals are defined as those individuals who were hired with the intent to provide direct services to DD Waiver participants.

- LG-2022-001 - Posted 1/14/2022
- [DD Providers and Case Managers](#) page - DD Program Bulletins toggle

HCBS DD Provider Rate Increase Attestation Form

- All providers must complete
 - ☐ Provider can indicate that they do not assign wages
 - ☐ Provider can indicate that they do not provide services that received an increase rate
- Remaining providers must certify that the entirety of the increase will be passed on to the direct support professional, and indicate the method used.
- Provider representative with signature authority must sign the attestation.

DD Provider Rate Increase Annual Reporting Form

- Report includes:
 - ☐ The reporting period, from July 1st - June 30th;
 - ☐ The total dollar amount of the increase to the provider's income that is attributable to the rate increase; and
 - ☐ The methods by which the entirety of the rate increase will be directed to direct support professionals.
- Report due by July 31st of each year.
- Provider will receive a task in the Provider Portal to complete and submit the Annual Reporting Form - July 1st of each affected year

DD Provider Rate Increase Calculation Tool



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Provider Name				Reporting Period Start Date (7/1/XX)		Reporting Period End Date (6/30/XX)	
Waiver Service	Units provided during reporting period	Previous Service Rates	Income based on old rate	Service Rates Effective 2/1/2022	Income based on new rate	Total Increase	
Adult Day Services -Basic		\$2.50	\$ -	\$2.53	\$ -	\$ -	
Adult Day Services -Basic - daily		\$59.90	\$ -	\$60.66	\$ -	\$ -	
Behavioral Support BCBA level		\$23.92	\$ -	\$31.64	\$ -	\$ -	
Behavioral Support BCaBA Level		\$8.96	\$ -	\$20.12	\$ -	\$ -	
Behavioral Support RBT Level		\$6.62	\$ -	\$18.85	\$ -	\$ -	
Case Management Monthly		\$282.16	\$ -	\$334.87	\$ -	\$ -	
Case Management 15- Minute		\$15.07	\$ -	\$20.93	\$ -	\$ -	
Child Hab 0-12		\$3.09	\$ -	\$3.58	\$ -	\$ -	
Cognitive Retraining		\$9.37	\$ -	\$13.30	\$ -	\$ -	
Community Living - Basic - Group of two		\$4.54	\$ -	\$4.65	\$ -	\$ -	
Community Living - Basic - Group of 3 / more		\$3.33	\$ -	\$3.45	\$ -	\$ -	
Community Living - Basic		\$93.39	\$ -	\$133.66	\$ -	\$ -	
Community Living - Level 3		\$125.05	\$ -	\$141.58	\$ -	\$ -	

<https://health.wyo.gov/healthcarefin/hcbs/document-library/> - DD Certification Forms tab

A provider's failure to complete and submit the Attestation Form and subsequent Annual Reporting Forms may result in a recovery of payment for the rate increase, as well as corrective or adverse action.





The Division would like to clarify that participant-directed employers of record (EORs) are not required to submit the DD Provider Rate Increase Attestation Form. The attestation form is intended only for certified, agency-based and independent service providers of the Comprehensive and Supports Waiver programs.

Important Links and Emails

- HCBS DD Provider Rate Increase Attestation Provider Bulletin - [DD Providers and Case Managers](#) page, *DD Program Bulletins* toggle
- Attestation Form, Annual Reporting Form, and Rate Increase Calculation Tool - [HCBS Document Library](#) page - *DD Certification Forms tab*
- Comprehensive and Supports Waivers SFY2023 Provider Rate Study Report - [Public Notices, Regulatory Documents, and Reports](#) page, *Reports* section
- Questions related to the attestation process
 - wdh-hcbs-credentialing@wyo.gov
 - elizabeth.forslund1@wyo.gov
- Technical questions related to the Provider Portal and attestation task - providerportal@gannettpeaktech.com
- General questions (not related to attestation process) for participant-directed services - julie.lacey1@wyo.gov

Questions? Use the Raise Hand or Chat Box Feature



- ❑ Raise Hand feature is located under the Reactions icon or the Participant icon. You will be prompted to unmute your line when it is your turn.
- ❑ For phone audio, press *9 to raise your hand. You will be prompted to unmute your line by pressing *6 when it is your turn.
- ❑ Your line will be unmuted in the order that your hand was raised.

